

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L00000002132

1. Entity Name
CEDAR FIDELITY TRUST, LLC



Principal Place of Business

**2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461-6606**

Mailing Address

**2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461-6606**



03012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990428

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUKIN, ROGER
2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461-6606**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000652609
03/12/07-80024-024 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------------|
| TITLE | MGRM |
| NAME | RUKIN, JAMES B |
| STREET ADDRESS | 2328 10TH AVE, NORTH SUITE 403 |
| CITY-STATE-ZIP | LAKE WORTH, FL 334616606 |
| TITLE | MGRM |
| NAME | JULIA R. RUKIN REVOCABLE TRUST |
| STREET ADDRESS | 2328 10TH AVE, NORTH SUITE 403 |
| CITY-STATE-ZIP | LAKE WORTH, FL 334616606 |
| TITLE | MGR |
| NAME | RUKIN, ROGER B |
| STREET ADDRESS | 2328 10TH AVE N, STE 403 |
| CITY-STATE-ZIP | LAKE WORTH, FL 334616606 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/2/07 561586-0100